



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2018  
OF THE CONDITION AND AFFAIRS OF THE

Martin's Point Generations Advantage, Inc.

NAIC Group Code00000000NAIC Company Code15850Employer's ID Number47-4682941

(Current)(Prior)

Organized under the Laws ofMaine, State of Domicile or Port of EntryME

Country of DomicileUnited States of America

Licensed as business type:Health Maintenance Organization

Is HMO Federally Qualified? Yes [ X ] No [ ]

Incorporated/Organized07/31/2015Commenced Business01/01/2016

Statutory Home Office331 Veranda StreetPortland, ME, US 04103

(Street and Number)(City or Town, State, Country and Zip Code)

Main Administrative Office331 Veranda Street

(Street and Number)

Portland, ME, US 04103207-774-5801

(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Mail AddressPO Box 9746Portland, ME, US 04104-5040

(Street and Number or P.O. Box)(City or Town, State, Country and Zip Code)

Primary Location of Books and Records27 Northport Drive

(Street and Number)

Portland, ME, US 04103207-253-6204

(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Internet Website Addresswww.martinspoint.org

Statutory Statement ContactWarren McKean Evans207-253-6204

(Name)(Area Code) (Telephone Number)

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(E-mail Address)(FAX Number)

OFFICERS

PresidentDavid Hermon Howes MD

SecretaryDavid Emery Currier

TreasurerEdward Stewart McKersie #

OTHER

Daniel Bruce Chojnowski, Chief Financial Officer

Sandra Lynn Monfiletto, Chief Operating Officer - DS/Shared Services

Heather Lyn Mullen #, Chief Operating Officer - Health Plans

DIRECTORS OR TRUSTEES

Paul Francis Kasuba MD, Chair #

Barbara Elizabeth Tretheway JD, Vice Chair #

Edward Stewart McKersie Treasurer #

David Hermon Howes MD, President

Michael Eric Thomas

Robert Adair Moore #

Daniel Kent Onion MD

James Alexander Hester, Jr PhD

Ronald Fitzjohn Dixon MD

Cathleen Elizabeth Morrow MD #

State of \_\_\_\_\_ SS:  
County of \_\_\_\_\_

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

David Hermon Howes, MD  
President

Daniel Bruce Chojnowski  
Chief Financial Officer

Heather Lyn Mullen  
Chief Operating Officer - Health Plans

Subscribed and sworn to before me this  
day of

a. Is this an original filing? Yes [ X ] No [ ]  
b. If no,  
1. State the amendment number.....  
2. Date filed .....  
3. Number of pages attached.....

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D) .....	36,760,567		36,760,567	36,036,836
2. Stocks (Schedule D):				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....	15,565,297		15,565,297	17,108,128
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ .....			0	0
encumbrances) .....				
4.2 Properties held for the production of income (less				
\$ .....			0	0
encumbrances) .....				
4.3 Properties held for sale (less \$ .....			0	0
encumbrances) .....				
5. Cash (\$ .....	18,817,207			
, Schedule E - Part 1), cash equivalents				
(\$ .....	945,064			
, Schedule E - Part 2) and short-term				
investments (\$ .....	15,988,062		35,750,333	17,091,393
, Schedule DA) .....	35,750,333			
6. Contract loans, (including \$ .....			0	0
premium notes) .....				
7. Derivatives (Schedule DB) .....			0	0
8. Other invested assets (Schedule BA) .....			0	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets (Schedule DL) .....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	88,076,197	0	88,076,197	70,236,357
13. Title plants less \$ .....			0	0
charged off (for Title insurers				
only) .....				
14. Investment income due and accrued .....	229,803		229,803	203,889
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	1,404,751	553,728	851,023	764,472
15.2 Deferred premiums and agents' balances and installments booked but				
deferred and not yet due (including \$ .....				
earned but unbilled premiums) .....			0	0
15.3 Accrued retrospective premiums (\$ .....	31,454,585			
) and				
contracts subject to redetermination (\$ .....	31,454,585		31,454,585	27,928,928
) .....				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....			0	0
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....			0	0
17. Amounts receivable relating to uninsured plans .....	1,663,469	1,537,346	126,123	240,645
18.1 Current federal and foreign income tax recoverable and interest thereon .....			0	0
18.2 Net deferred tax asset .....			0	0
19. Guaranty funds receivable or on deposit .....			0	0
20. Electronic data processing equipment and software .....			0	0
21. Furniture and equipment, including health care delivery assets				
(\$ .....			0	0
) .....				
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....			0	494,128
24. Health care (\$ .....	0	12,055,402	0	0
) and other amounts receivable .....	12,055,402	12,055,402		
25. Aggregate write-ins for other than invested assets .....	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and				
Protected Cell Accounts (Lines 12 to 25) .....	134,884,207	14,146,476	120,737,731	99,868,419
27. From Separate Accounts, Segregated Accounts and Protected Cell			0	0
Accounts .....				
28. Total (Lines 26 and 27) .....	134,884,207	14,146,476	120,737,731	99,868,419
DETAILS OF WRITE-INS				
1101. ....			0	0
1102. ....			0	0
1103. ....			0	0
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above) .....	0	0	0	0
2501. ....			0	0
2502. ....			0	0
2503. ....			0	0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) .....	0	0	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1	2	3	4
	Covered	Uncovered	Total	Total
1. Claims unpaid (less \$ .....0 reinsurance ceded) .....	33,058,156		33,058,156	35,782,990
2. Accrued medical incentive pool and bonus amounts .....	4,074,622		4,074,622	2,256,515
3. Unpaid claims adjustment expenses .....	898,139		898,139	1,400,293
4. Aggregate health policy reserves, including the liability of \$ .....0 for medical loss ratio rebate per the Public Health Service Act .....	3,449,272		3,449,272	434,528
5. Aggregate life policy reserves .....			0	0
6. Property/casualty unearned premium reserves .....			0	0
7. Aggregate health claim reserves .....			0	0
8. Premiums received in advance .....	453,851		453,851	498,749
9. General expenses due or accrued .....	481		481	0
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized capital gains (losses)) .....			0	0
10.2 Net deferred tax liability .....			0	0
11. Ceded reinsurance premiums payable .....			0	0
12. Amounts withheld or retained for the account of others .....			0	0
13. Remittances and items not allocated .....			0	0
14. Borrowed money (including \$ ..... current) and interest thereon \$ ..... (including \$ ..... current) .....			0	0
15. Amounts due to parent, subsidiaries and affiliates .....	6,543,392		6,543,392	0
16. Derivatives .....			0	0
17. Payable for securities .....			0	0
18. Payable for securities lending .....			0	0
19. Funds held under reinsurance treaties (with \$ ..... authorized reinsurers, \$ .....0 unauthorized reinsurers and \$ .....0 certified reinsurers) .....			0	0
20. Reinsurance in unauthorized and certified (\$ ..... ) companies .....			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates .....			0	0
22. Liability for amounts held under uninsured plans .....	5,571,645		5,571,645	2,575,115
23. Aggregate write-ins for other liabilities (including \$ ..... current) .....	0	0	0	0
24. Total liabilities (Lines 1 to 23) .....	54,049,558	0	54,049,558	42,948,190
25. Aggregate write-ins for special surplus funds .....	XXX	XXX	0	0
26. Common capital stock .....	XXX	XXX		
27. Preferred capital stock .....	XXX	XXX		
28. Gross paid in and contributed surplus .....	XXX	XXX	150,100,000	150,100,000
29. Surplus notes .....	XXX	XXX	0	
30. Aggregate write-ins for other than special surplus funds .....	XXX	XXX	0	0
31. Unassigned funds (surplus) .....	XXX	XXX	(83,411,827)	(93,179,771)
32. Less treasury stock, at cost:				
32.1 ..... shares common (value included in Line 26 \$ ..... ) .....	XXX	XXX		
32.2 ..... shares preferred (value included in Line 27 \$ ..... ) .....	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32) .....	XXX	XXX	66,688,173	56,920,229
34. Total liabilities, capital and surplus (Lines 24 and 33) .....	XXX	XXX	120,737,731	99,868,419
DETAILS OF WRITE-INS				
2301. ....			0	0
2302. ....			0	0
2303. ....			0	0
2398. Summary of remaining write-ins for Line 23 from overflow page .....	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398)(Line 23 above) .....	0	0	0	0
2501. Federal Affordable Care Act Assessment .....	XXX	XXX		0
2502. ....	XXX	XXX		0
2503. ....	XXX	XXX		0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	XXX	XXX	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) .....	XXX	XXX	0	0
3001. ....	XXX	XXX		0
3002. ....	XXX	XXX		0
3003. ....	XXX	XXX		0
3098. Summary of remaining write-ins for Line 30 from overflow page .....	XXX	XXX	0	0
3099. Totals (Lines 3001 thru 3003 plus 3098)(Line 30 above) .....	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	533,477	499,101
2. Net premium income ( including \$ ..... non-health premium income) .....	XXX	400,639,765	390,687,185
3. Change in unearned premium reserves and reserve for rate credits .....	XXX	0	
4. Fee-for-service (net of \$ ..... medical expenses) .....	XXX	0	0
5. Risk revenue .....	XXX	0	0
6. Aggregate write-ins for other health care related revenues .....	XXX	616,631	345,461
7. Aggregate write-ins for other non-health revenues .....	XXX	0	0
8. Total revenues (Lines 2 to 7) .....	XXX	401,256,396	391,032,646
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....		307,259,706	281,298,570
10. Other professional services .....		0	
11. Outside referrals .....		0	
12. Emergency room and out-of-area .....		0	
13. Prescription drugs .....		34,509,413	55,733,822
14. Aggregate write-ins for other hospital and medical .....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts .....		4,854,332	3,749,304
16. Subtotal (Lines 9 to 15) .....	0	346,623,451	340,781,696
<b>Less:</b>			
17. Net reinsurance recoveries .....		0	
18. Total hospital and medical (Lines 16 minus 17) .....	0	346,623,451	340,781,696
19. Non-health claims (net) .....			
20. Claims adjustment expenses, including \$ .....7,316,634 cost containment expenses .....		12,245,917	11,873,339
21. General administrative expenses .....		28,009,118	27,900,801
22. Increase in reserves for life and accident and health contracts (including \$ ..... increase in reserves for life only) .....		0	0
23. Total underwriting deductions (Lines 18 through 22).....	0	386,878,486	380,555,836
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	14,377,910	10,476,810
25. Net investment income earned (Exhibit of Net Investment Income, Line 17) .....		1,380,539	1,123,505
26. Net realized capital gains (losses) less capital gains tax of \$ ..... (67,578) .....		(67,578)	(110,039)
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	1,312,961	1,013,466
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ..... ) (amount charged off \$ ..... )] .....			0
29. Aggregate write-ins for other income or expenses .....	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	XXX	15,690,871	11,490,276
31. Federal and foreign income taxes incurred .....	XXX		
32. Net income (loss) (Lines 30 minus 31) .....	XXX	15,690,871	11,490,276
<b>DETAILS OF WRITE-INS</b>			
0601. Risk Sharing Revenue .....	XXX	616,631	345,461
0602. ....	XXX		0
0603. ....	XXX		0
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	XXX	616,631	345,461
0701. ....	XXX		0
0702. ....	XXX		0
0703. ....	XXX		0
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798)(Line 7 above) .....	XXX	0	0
1401. ....			0
1402. ....			0
1403. ....			0
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above) .....	0	0	0
2901. ....			0
2902. ....			0
2903. ....			0
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above) .....	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year.....	56,920,228	43,278,141
34. Net income or (loss) from Line 32 .....	15,690,871	11,490,276
35. Change in valuation basis of aggregate policy and claim reserves .....		
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....	(1,923,041)	2,984,738
37. Change in net unrealized foreign exchange capital gain or (loss) .....		
38. Change in net deferred income tax .....		
39. Change in nonadmitted assets .....	(3,999,884)	(832,927)
40. Change in unauthorized and certified reinsurance .....	0	0
41. Change in treasury stock .....	0	0
42. Change in surplus notes .....	0	0
43. Cumulative effect of changes in accounting principles.....		
44. Capital Changes:		
44.1 Paid in .....	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0
44.3 Transferred to surplus.....		
45. Surplus adjustments:		
45.1 Paid in .....	0	0
45.2 Transferred to capital (Stock Dividend) .....		
45.3 Transferred from capital .....		
46. Dividends to stockholders .....		
47. Aggregate write-ins for gains or (losses) in surplus .....	0	0
48. Net change in capital and surplus (Lines 34 to 47) .....	9,767,946	13,642,087
49. Capital and surplus end of reporting period (Line 33 plus 48)	66,688,174	56,920,228
DETAILS OF WRITE-INS		
4701. ....		0
4702. ....		0
4703. ....		0
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798)(Line 47 above)	0	0

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance .....	399,852,565	382,564,297
2. Net investment income .....	1,390,441	1,116,654
3. Miscellaneous income .....	(2,800,062)	742,499
4. Total (Lines 1 through 3) .....	398,442,944	384,423,450
5. Benefit and loss related payments .....	347,530,178	337,956,517
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....		
7. Commissions, expenses paid and aggregate write-ins for deductions .....	38,084,010	36,300,482
8. Dividends paid to policyholders .....		
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses) .....	0	0
10. Total (Lines 5 through 9) .....	385,614,188	374,256,999
11. Net cash from operations (Line 4 minus Line 10) .....	12,828,756	10,166,451
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	6,798,999	25,107,367
12.2 Stocks .....	0	0
12.3 Mortgage loans .....	0	0
12.4 Real estate .....	0	0
12.5 Other invested assets .....	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	(46)	0
12.7 Miscellaneous proceeds .....	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	6,798,953	25,107,367
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....	7,632,636	26,800,215
13.2 Stocks .....	373,653	350,166
13.3 Mortgage loans .....	0	0
13.4 Real estate .....	0	0
13.5 Other invested assets .....	0	0
13.6 Miscellaneous applications .....	0	9
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	8,006,290	27,150,390
14. Net increase (decrease) in contract loans and premium notes .....	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....	(1,207,337)	(2,043,024)
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes .....	0	0
16.2 Capital and paid in surplus, less treasury stock .....	0	0
16.3 Borrowed funds .....	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0
16.5 Dividends to stockholders .....	0	0
16.6 Other cash provided (applied) .....	7,037,520	(5,229,360)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	7,037,520	(5,229,360)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	18,658,940	2,894,067
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year .....	17,091,393	14,197,326
19.2 End of year (Line 18 plus Line 19.1) .....	35,750,333	17,091,393

Note: Supplemental disclosures of cash flow information for non-cash transactions:

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ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Martin's Point Generations Advantage, Inc.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income .....	400,639,765						400,639,765			
2. Change in unearned premium reserves and reserve for rate credit .....	0									
3. Fee-for-service (net of \$ ..... medical expenses) .....	0									XXX
4. Risk revenue .....	0									XXX
5. Aggregate write-ins for other health care related revenues .....	616,631	0	0	0	0	0	616,631	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues .....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6) .....	401,256,396	0	0	0	0	0	401,256,396	0	0	0
8. Hospital/medical benefits .....	307,259,706						307,259,706			XXX
9. Other professional services .....	0									XXX
10. Outside referrals .....	0									XXX
11. Emergency room and out-of-area .....	0									XXX
12. Prescription drugs .....	34,509,413						34,509,413			XXX
13. Aggregate write-ins for other hospital and medical .....	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts .....	4,854,332						4,854,332			XXX
15. Subtotal (Lines 8 to 14) .....	346,623,451	0	0	0	0	0	346,623,451	0	0	XXX
16. Net reinsurance recoveries .....	0									XXX
17. Total medical and hospital (Lines 15 minus 16) .....	346,623,451	0	0	0	0	0	346,623,451	0	0	XXX
18. Non-health claims (net) .....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including \$ .....7,316,631 cost containment expenses .....	12,245,916						12,245,916			
20. General administrative expenses .....	28,009,118						28,009,118			
21. Increase in reserves for accident and health contracts .....	0									XXX
22. Increase in reserves for life contracts .....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22) .....	386,878,485	0	0	0	0	0	386,878,485	0	0	0
24. Total underwriting gain or (loss) (Line 7 minus Line 23) .....	14,377,911	0	0	0	0	0	14,377,911	0	0	0
DETAILS OF WRITE-INS										
0501. Risk Sharing Revenue .....	616,631						616,631			XXX
0502. ....										XXX
0503. ....										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page .....	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above) .....	616,631	0	0	0	0	0	616,631	0	0	XXX
0601. ....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602. ....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603. ....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above) .....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301. ....										XXX
1302. ....										XXX
1303. ....										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page .....	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....	0	0	0	0	0	0	0	0	0	XXX

## ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Martin's Point Generations Advantage, Inc.

## UNDERWRITING AND INVESTMENT EXHIBIT

## PART 1 - PREMIUMS

	1	2	3	4
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical) .....				.0
2. Medicare Supplement .....				.0
3. Dental only .....				.0
4. Vision only .....				.0
5. Federal Employees Health Benefits Plan .....	.0			.0
6. Title XVIII - Medicare .....	400,639,765			400,639,765
7. Title XIX - Medicaid .....	.0			.0
8. Other health .....				.0
9. Health subtotal (Lines 1 through 8) .....	400,639,765	.0	.0	400,639,765
10. Life .....	.0			.0
11. Property/casualty .....	.0			.0
12. Totals (Lines 9 to 11)	400,639,765	0	0	400,639,765



UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct .....	344,493,954						344,493,954			
1.2 Reinsurance assumed .....	.0									
1.3 Reinsurance ceded .....	.0									
1.4 Net .....	344,493,954	.0	.0	.0	.0	.0	344,493,954	.0	.0	.0
2. Paid medical incentive pools and bonuses .....	3,036,222						3,036,222			
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct .....	33,058,156	.0	.0	.0	.0	.0	33,058,156	.0	.0	.0
3.2 Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3.3 Reinsurance ceded .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3.4 Net .....	33,058,156	.0	.0	.0	.0	.0	33,058,156	.0	.0	.0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct .....	.0									
4.2 Reinsurance assumed .....	.0									
4.3 Reinsurance ceded .....	.0									
4.4 Net .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. Accrued medical incentive pools and bonuses, current year .....	4,074,622						4,074,622			
6. Net healthcare receivables (a) .....	.0									
7. Amounts recoverable from reinsurers December 31, current year .....	.0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct .....	35,782,990	.0	.0	.0	.0	.0	35,782,990	.0	.0	.0
8.2 Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8.3 Reinsurance ceded .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8.4 Net .....	35,782,990	.0	.0	.0	.0	.0	35,782,990	.0	.0	.0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct .....	.0									
9.2 Reinsurance assumed .....	.0									
9.3 Reinsurance ceded .....	.0									
9.4 Net .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
10. Accrued medical incentive pools and bonuses, prior year	2,256,515						2,256,515			
11. Amounts recoverable from reinsurers December 31, prior year .....	0									
12. Incurred Benefits:										
12.1 Direct .....	341,769,120	.0	.0	.0	.0	.0	341,769,120	.0	.0	.0
12.2 Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
12.3 Reinsurance ceded .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
12.4 Net .....	341,769,120	0	0	0	0	0	341,769,120	0	0	0
13. Incurred medical incentive pools and bonuses	4,854,329	0	0	0	0	0	4,854,329	0	0	0

(a) Excludes \$ loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct .....	3,707,193						3,707,193			
1.2 Reinsurance assumed .....	.0									
1.3 Reinsurance ceded .....	.0									
1.4 Net .....	3,707,193	.0	.0	.0	.0	.0	3,707,193	.0	.0	.0
2. Incurred but Unreported:										
2.1 Direct .....	29,350,963						29,350,963			
2.2 Reinsurance assumed .....	.0									
2.3 Reinsurance ceded .....	.0									
2.4 Net .....	29,350,963	.0	.0	.0	.0	.0	29,350,963	.0	.0	.0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct .....	.0									
3.2 Reinsurance assumed .....	.0									
3.3 Reinsurance ceded .....	.0									
3.4 Net .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. TOTALS:										
4.1 Direct .....	33,058,156	.0	.0	.0	.0	.0	33,058,156	.0	.0	.0
4.2 Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.3 Reinsurance ceded .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.4 Net .....	33,058,156	0	0	0	0	0	33,058,156	0	0	0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid December 31 of Prior Year	On Claims Incurred During the Year	Claims Incurred In Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical) .....					0	0
2. Medicare Supplement .....					0	0
3. Dental Only .....					0	0
4. Vision Only .....					0	0
5. Federal Employees Health Benefits Plan .....					0	0
6. Title XVIII - Medicare .....	28,527,954	319,806,906	4,895	33,053,261	28,532,849	35,782,991
7. Title XIX - Medicaid .....					0	0
8. Other health .....					0	0
9. Health subtotal (Lines 1 to 8) .....	28,527,954	319,806,906	4,895	33,053,261	28,532,849	35,782,991
10. Healthcare receivables (a) .....		3,840,906			0	0
11. Other non-health .....					0	0
12. Medical incentive pools and bonus amounts .....	1,256,920	1,779,303	247,259	3,827,363	1,504,179	2,256,515
13. Totals (Lines 9 - 10 + 11 + 12)	29,784,874	317,745,303	252,154	36,880,624	30,037,028	38,039,506

(a) Excludes \$ ..... loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS  
(\$000 Omitted)

Section A - Paid Health Claims - Title XVIII

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2014	2 2015	3 2016	4 2017	5 2018
1.	Prior .....	16,052	17,197	16,990	16,868	16,515
2.	2014 .....	204,451	224,973	224,098	224,027	224,023
3.	2015 .....	XXX	245,575	271,030	271,868	271,868
4.	2016 .....	XXX	XXX	279,287	306,274	306,705
5.	2017 .....	XXX	XXX	XXX	310,969	336,514
6.	2018 .....	XXX	XXX	XXX	XXX	316,572

Section B - Incurred Health Claims - Title XVIII

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2014	2 2015	3 2016	4 2017	5 2018
1.	Prior .....	16,052	17,197	16,990	16,868	16,515
2.	2014 .....	228,888	224,973	224,098	224,027	224,027
3.	2015 .....	XXX	277,375	271,030	271,868	271,868
4.	2016 .....	XXX	XXX	314,501	306,867	306,705
5.	2017 .....	XXX	XXX	XXX	348,930	336,766
6.	2018 .....	XXX	XXX	XXX	XXX	353,705

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XVIII

Years in which Premiums were Earned and Claims were Incurred	1  Premiums Earned	2  Claims Payment	3  Claim Adjustment Expense Payments	4  (Col. 3/2) Percent	5  Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6  (Col. 5/1) Percent	7  Claims Unpaid	8  Unpaid Claims Adjustment Expenses	9  Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10  (Col. 9/1) Percent
1. 2014 .....	231,554	224,027	5,467	2.4	229,494	99.1			229,494	99.1
2. 2015 .....	275,129	271,867	7,007	2.6	278,874	101.4			278,874	101.4
3. 2016 .....	329,280	306,705	9,611	3.1	316,316	96.1			316,316	96.1
4. 2017 .....	390,687	336,514	11,873	3.5	348,387	89.2	252		348,639	89.2
5. 2018 .....	400,640	316,572	12,246	3.9	328,818	82.1	36,881	898	366,597	91.5

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS  
(\$000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2014	2 2015	3 2016	4 2017	5 2018
1.	Prior .....	16,052	17,197	16,990	16,868	16,515
2.	2014 .....	204,451	224,973	224,098	224,027	224,023
3.	2015 .....	XXX	245,575	271,030	271,868	271,868
4.	2016 .....	XXX	XXX	279,287	306,274	306,705
5.	2017 .....	XXX	XXX	XXX	310,969	336,514
6.	2018 .....	XXX	XXX	XXX	XXX	316,572

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2014	2 2015	3 2016	4 2017	5 2018
1.	Prior .....	16,052	17,197	16,990	16,868	16,515
2.	2014 .....	228,888	224,973	224,098	224,027	224,027
3.	2015 .....	XXX	277,375	271,030	271,868	271,868
4.	2016 .....	XXX	XXX	314,501	306,867	306,705
5.	2017 .....	XXX	XXX	XXX	348,930	336,766
6.	2018 .....	XXX	XXX	XXX	XXX	353,705

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total

Years in which Premiums were Earned and Claims were Incurred	1  Premiums Earned	2  Claims Payment	3  Claim Adjustment Expense Payments	4  (Col. 3/2) Percent	5  Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6  (Col. 5/1) Percent	7  Claims Unpaid	8  Unpaid Claims Adjustment Expenses	9  Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10  (Col. 9/1) Percent
1. 2014 .....	231,554	224,027	5,467	2.4	229,494	99.1	0	0	229,494	99.1
2. 2015 .....	275,129	271,867	7,007	2.6	278,874	101.4	0	0	278,874	101.4
3. 2016 .....	329,280	306,705	9,611	3.1	316,316	96.1	0	0	316,316	96.1
4. 2017 .....	390,687	336,514	11,873	3.5	348,387	89.2	252	0	348,639	89.2
5. 2018 .....	400,640	316,572	12,246	3.9	328,818	82.1	36,881	898	366,597	91.5

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves .....	0								
2. Additional policy reserves (a) .....	0								
3. Reserve for future contingent benefits .....	0								
4. Reserve for rate credits or experience rating refunds (including \$ ..... ) for investment income .....	0								
5. Aggregate write-ins for other policy reserves .....	3,449,272	0	0	0	0	0	3,449,272	0	0
6. Totals (gross) .....	3,449,272	0	0	0	0	0	3,449,272	0	0
7. Reinsurance ceded .....	0								
8. Totals (Net)(Page 3, Line 4) .....	3,449,272	0	0	0	0	0	3,449,272	0	0
9. Present value of amounts not yet due on claims .....	0								
10. Reserve for future contingent benefits .....	0								
11. Aggregate write-ins for other claim reserves .....	0	0	0	0	0	0	0	0	0
12. Totals (gross) .....	0	0	0	0	0	0	0	0	0
13. Reinsurance ceded .....	0								
14. Totals (Net)(Page 3, Line 7) .....	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
0501. Aggregate write-ins for policy reserves .....	3,449,272						3,449,272		
0502. ....									
0503. ....									
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above) .....	3,449,272	0	0	0	0	0	3,449,272	0	0
1101. ....									
1102. ....									
1103. ....									
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0	0	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above) .....	0	0	0	0	0	0	0	0	0

(a) Includes \$ ..... premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Martin's Point Generations Advantage, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

	Claim Adjustment Expenses		3	4	5
	1	2			
	Cost Containment Expenses	Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1. Rent (\$ ..... for occupancy of own building) .....					0
2. Salary, wages and other benefits .....	3,812,635	659,678	10,054,438		14,526,751
3. Commissions (less \$ ..... ceded plus \$ ..... assumed) .....			2,984,952		2,984,952
4. Legal fees and expenses .....			(22,102)		(22,102)
5. Certifications and accreditation fees .....					0
6. Auditing, actuarial and other consulting services ....	404,845		672,133		1,076,978
7. Traveling expenses .....	70,756	405	256,227		327,388
8. Marketing and advertising .....	6,256		2,860,609		2,866,865
9. Postage, express and telephone .....	24,736	2,259	1,351,787		1,378,782
10. Printing and office supplies .....	19,551	2,998	28,150		50,699
11. Occupancy, depreciation and amortization .....	2,565		534,407		536,972
12. Equipment .....	29,212	1,910	1,184,923		1,216,045
13. Cost or depreciation of EDP equipment and software .....	241	371,471	210,643		582,355
14. Outsourced services including EDP, claims, and other services .....	2,730,762	3,853,056	6,980,262		13,564,080
15. Boards, bureaus and association fees .....					0
16. Insurance, except on real estate .....			65,072		65,072
17. Collection and bank service charges .....			284,322		284,322
18. Group service and administration fees .....					0
19. Reimbursements by uninsured plans .....					0
20. Reimbursements from fiscal intermediaries .....					0
21. Real estate expenses .....					0
22. Real estate taxes .....					0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes .....					0
23.2 State premium taxes .....					0
23.3 Regulatory authority licenses and fees .....					0
23.4 Payroll taxes .....	215,075	37,506	561,884		814,465
23.5 Other (excluding federal income and real estate taxes) .....			1,411		1,411
24. Investment expenses not included elsewhere .....				125,062	125,062
25. Aggregate write-ins for expenses .....	0	0	0	0	0
26. Total expenses incurred (Lines 1 to 25) .....	7,316,634	4,929,283	28,009,118	125,062	(a) 40,380,097
27. Less expenses unpaid December 31, current year ..		898,139	481		898,620
28. Add expenses unpaid December 31, prior year .....		1,400,293	0		1,400,293
29. Amounts receivable relating to uninsured plans, prior year .....					0
30. Amounts receivable relating to uninsured plans, current year .....					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30) .....	7,316,634	5,431,437	28,008,637	125,062	40,881,770
DETAILS OF WRITE-INS					
2501. ....					
2502. ....					
2503. ....					
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) .....	0	0	0	0	0

(a) Includes management fees of \$ .....16,200,893 to affiliates and \$ ..... to non-affiliates.

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Martin's Point Generations Advantage, Inc.

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. government bonds .....	(a) .....79,003	.....80,321
1.1	Bonds exempt from U.S. tax .....	(a) .....	
1.2	Other bonds (unaffiliated) .....	(a) .....911,573	.....907,844
1.3	Bonds of affiliates .....	(a) .....	
2.1	Preferred stocks (unaffiliated) .....	(b) .....	
2.11	Preferred stocks of affiliates .....	(b) .....	
2.2	Common stocks (unaffiliated) .....	.....373,653	.....373,653
2.21	Common stocks of affiliates .....		
3.	Mortgage loans .....	(c) .....	
4.	Real estate .....	(d) .....	
5	Contract Loans .....		
6	Cash, cash equivalents and short-term investments .....	(e) .....70,426	.....143,783
7	Derivative instruments .....	(f) .....	
8.	Other invested assets .....		
9.	Aggregate write-ins for investment income .....	.....0	.....0
10.	Total gross investment income .....	1,434,655	1,505,601
11.	Investment expenses .....		(g) .....125,062
12.	Investment taxes, licenses and fees, excluding federal income taxes .....		(g) .....0
13.	Interest expense .....		(h) .....
14.	Depreciation on real estate and other invested assets .....		(i) .....
15.	Aggregate write-ins for deductions from investment income .....		.....0
16.	Total deductions (Lines 11 through 15) .....		.....125,062
17.	Net investment income (Line 10 minus Line 16)		1,380,539
DETAILS OF WRITE-INS			
0901.	.....		
0902.	.....		
0903.	.....		
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	.....0	.....0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0
1501.	.....		
1502.	.....		
1503.	.....		
1598.	Summary of remaining write-ins for Line 15 from overflow page .....		.....0
1599.	Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above)		0

- (a) Includes \$ .....33,707 accrual of discount less \$ .....69,523 amortization of premium and less \$ .....20,321 paid for accrued interest on purchases.
- (b) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ ..... paid for accrued dividends on purchases.
- (c) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ ..... paid for accrued interest on purchases.
- (d) Includes \$ ..... for company's occupancy of its own buildings; and excludes \$ ..... interest on encumbrances.
- (e) Includes \$ .....61,104 accrual of discount less \$ .....187 amortization of premium and less \$ .....33,371 paid for accrued interest on purchases.
- (f) Includes \$ ..... accrual of discount less \$ ..... amortization of premium.
- (g) Includes \$. ..... investment expenses and \$ ..... investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ ..... interest on surplus notes and \$ ..... interest on capital notes.
- (i) Includes \$ ..... depreciation on real estate and \$ ..... depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1	2	3	4	5
		Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds .....	(2,063)	.....0	(2,063)	.....0	.....0
1.1	Bonds exempt from U.S. tax .....			.....0		
1.2	Other bonds (unaffiliated) .....	(65,470)	.....0	(65,470)	.....(6,557)	.....0
1.3	Bonds of affiliates .....	.....0	.....0	.....0	.....0	.....0
2.1	Preferred stocks (unaffiliated) .....	.....0	.....0	.....0	.....0	.....0
2.11	Preferred stocks of affiliates .....	.....0	.....0	.....0	.....0	.....0
2.2	Common stocks (unaffiliated) .....	.....0	.....0	.....0	.....(1,916,484)	.....0
2.21	Common stocks of affiliates .....	.....0	.....0	.....0	.....0	.....0
3.	Mortgage loans .....		.....0	.....0	.....0	.....0
4.	Real estate .....		.....0	.....0		.....0
5.	Contract loans .....			.....0		
6.	Cash, cash equivalents and short-term investments .....	(46)	.....0	(46)	.....0	.....0
7.	Derivative instruments .....			.....0		
8.	Other invested assets .....		.....0	.....0	.....0	.....0
9.	Aggregate write-ins for capital gains (losses) .....	.....0	.....0	.....0	.....0	.....0
10.	Total capital gains (losses)	(67,578)	0	(67,578)	(1,923,041)	0
DETAILS OF WRITE-INS						
0901.	.....					
0902.	.....					
0903.	.....					
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	.....0	.....0	.....0	.....0	.....0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0	0	0	0



EXHIBIT OF NON-ADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D) .....			0
2. Stocks (Schedule D):			
2.1 Preferred stocks .....			0
2.2 Common stocks .....			0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....			0
3.2 Other than first liens.....			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....			0
4.2 Properties held for the production of income.....			0
4.3 Properties held for sale .....			0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA) .....			0
6. Contract loans .....			0
7. Derivatives (Schedule DB) .....			0
8. Other invested assets (Schedule BA) .....			0
9. Receivables for securities .....			0
10. Securities lending reinvested collateral assets (Schedule DL) .....			0
11. Aggregate write-ins for invested assets .....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	0	0	0
13. Title plants (for Title insurers only) .....			0
14. Investment income due and accrued .....			0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection .....	553,728	408,890	(144,838)
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due .....			0
15.3 Accrued retrospective premiums and contracts subject to redetermination .....			0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....			0
16.2 Funds held by or deposited with reinsured companies .....			0
16.3 Other amounts receivable under reinsurance contracts .....			0
17. Amounts receivable relating to uninsured plans .....	1,537,346	1,098,993	(438,353)
18.1 Current federal and foreign income tax recoverable and interest thereon .....			0
18.2 Net deferred tax asset .....			0
19. Guaranty funds receivable or on deposit .....			0
20. Electronic data processing equipment and software .....			0
21. Furniture and equipment, including health care delivery assets .....			0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0
23. Receivable from parent, subsidiaries and affiliates .....			0
24. Health care and other amounts receivable .....	12,055,402	8,638,709	(3,416,693)
25. Aggregate write-ins for other than invested assets .....	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	14,146,476	10,146,592	(3,999,884)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0
28. Total (Lines 26 and 27) .....	14,146,476	10,146,592	(3,999,884)
DETAILS OF WRITE-INS			
1101. ....		0	0
1102. ....		0	0
1103. ....		0	0
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above) .....	0	0	0
2501. ....		0	0
2502. ....		0	0
2503. ....		0	0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) .....	0	0	0

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations .....	2,526	3,228	3,306	3,366	3,448	39,755
2. Provider Service Organizations .....						
3. Preferred Provider Organizations .....	2,257	2,111	2,104	2,107	2,108	25,308
4. Point of Service .....	37,692	38,546	38,897	39,480	39,814	468,414
5. Indemnity Only .....						
6. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0
7. Total	42,475	43,885	44,307	44,953	45,370	533,477
DETAILS OF WRITE-INS						
0601. ....	0					
0602. ....	0					
0603. ....	0					
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Martin’s Point Generations Advantage, Inc.

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

A. Accounting Practices

The accompanying financial statements of Martin’s Point Generations Advantage, Inc. (the "Company") have been prepared in conformity with the National Association of Insurance Commissioners ("NAIC") *Annual Statement Instructions* and in accordance with accounting practices prescribed or permitted by the NAIC *Accounting Practices and Procedures Manual*, subject to any deviations prescribed or permitted by the Maine Bureau of Insurance (the "Bureau"). There were no deviations from NAIC prescribed or permitted by the Bureau in 2017 or 2018.

A table reconciling income and surplus between the practices prescribed and permitted by the State of Maine and NAIC SAP basis for the current reporting period and the prior year-end is shown below:

	SSAP #	F/S Page	F/S Line #	2018	2017
NET INCOME					
(1) State basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	15,690,871	11,490,276
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	15,690,871	11,490,276
SURPLUS					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	66,688,173	56,920,229
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	66,688,173	56,920,229

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policies

Expenses incurred in connection with acquiring new insurance business, including acquisition costs such as sales commissions, are charged to operations as incurred. Premiums paid by subscribers prior to the effective date are recorded on the balance sheet as advance premiums and subsequently credited to income as earned during the coverage period.

In addition, the Company uses the following accounting policies:

1.

Short-term money market mutual funds are stated at market value and short-term bonds are stated at amortized cost.
2.

Bonds are stated at amortized cost.
3.

Common stocks are stated at market value.
4.

The Company does not have any preferred stock.
5.

The Company does not have any mortgage loans.
6.

The Company's loan-backed securities are carried at amortized cost. The Company reports the adjustment methodology on an account basis as opposed to each individual security and accounts for all of the securities on a retrospective basis.
7.

The Company does not have any investments in subsidiaries, controlled or affiliated companies.
8.

The Company does not have investments in joint ventures, partnerships or limited liability companies.
9.

The Company does not have any derivative instruments.
10.

The Company does not include anticipated investment income in calculating a premium deficiency.
11.

The Company's reported unpaid claims are based on actuarial estimates. The claims adjustment expenses are estimated at approximately 2% of unpaid claims. Liabilities for unpaid claims and claims adjustment expense are based on assumptions and estimates and while management believes such estimates are reasonable, the ultimate liability may be in excess of or less than the amount provided.
12.

The Company does not have any capital assets and therefore no capitalization policy.
13.

The Company records pharmaceutical rebates receivable as a non-admitted asset.

D. Going Concern

Management has no significant doubts about the Company's ability to continue as a going concern.

2. Accounting Changes and Corrections of Errors

A. Accounting Changes and Correction of Errors:

The Company has determined that the recording of Part D Low Income Cost Sharing (LICS) and Reinsurance subsidy amounts should be based on deposit accounting. Net Premium Income (Statement of Revenue and Expenses Page 4, Line 2) and Prescription Drugs (Statement of Revenue and Expenses, Line 13) have been reported using deposit accounting in the current year. In the prior year, both Net Premium Income (Statement of Revenue and Expenses Page 4, Line 2) and Prescription Drugs (Statement of Revenue and Expenses, Line 13) were overstated by \$22,236,196.

3. Business Combinations and Goodwill: None.

- A. Statutory Purchase Method: None.
- B. Statutory Merger: None.
- C. Assumption Reinsurance: None.
- D. Impairment Loss: None.

4. Discontinued Operations: None.

5. Investments

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Martin’s Point Generations Advantage, Inc.

NOTES TO FINANCIAL STATEMENTS

A. Mortgage Loans, including Mezzanine Real Estate Loans

None.

B. Debt Restructuring

None.

C. Reverse Mortgages

None.

D. Loan-Backed Securities

1. For fixed-rate agency mortgage-backed securities, the Company calculates prepayment speeds utilizing Mortgage Industry Advisory Corporation (MIAC) Mortgage Industry Medians (MIMs). MIMs are derived from a semi-monthly dealer-consensus survey of long-term prepayment projections. For other mortgage-backed, loan-backed, and structured securities, the Company utilizes prepayment assumptions from Moody’s Analytics. Moody’s applies a flat economic credit model and utilizes a vector of multiple monthly speeds as opposed to a single speed for more robust projections. In instances where Moody’s projections are not available, the Company uses data from Reuters, which utilizes the median prepayment speed from contributors’ models.
2. All securities with a recognized other-than-temporary impairment, disclosed in the aggregate, classified on the basis for the other-than-temporary impairment: The Company has no securities to report per the table below.

	1 Amortized Cost Basis Before Other-than-Temporary Impairment	2 Other-than-Temporary Impairment Recognized in Loss	3 Fair Value 1 - 2
(2) OTTI recognized 1st Quarter			
a. Intent to sell .....	0	0	0
b. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis .....	0	0	0
c. Total 1st Quarter .....	0	0	0
OTTI recognized 2nd Quarter			
d. Intent to sell .....	0	0	0
e. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis .....	0	0	0
f. Total 2nd Quarter .....	0	0	0
OTTI recognized 3rd Quarter			
g. Intent to sell .....	0	0	0
h. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis .....	0	0	0
i. Total 3rd Quarter .....	0	0	0
OTTI recognized 4th Quarter			
j. Intent to sell .....			0
k. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis .....			0
l. Total 4th Quarter .....	0	0	0
m. Annual Aggregate Total .....			0

(3)

1 CUSIP	2 Book/Adjusted Carrying Value Amortized Cost Before Current Period OTTI	3 Present Value of Projected Cash Flows	4 Recognized Other-Than- Temporary Impairment	5 Amortized Cost After Other-Than- Temporary Impairment	6 Fair Value at time of OTTI	7 Date of Financial Statement Where Reported
.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....
Total	XXX	XXX	0	XXX	XXX	XXX

- (4) All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains):
- a.The aggregate amount of unrealized losses:
1. Less than 12 Months

..... 82,557

2. 12 Months or Longer

.....176,807
- b.The aggregate related fair value of securities with unrealized losses:
1. Less than 12 Months

.....7,674,143

2. 12 Months or Longer

.....7,901,509

- (5) The Company considers the following general categories of information in reaching the conclusion that impairments are other-than-temporary:
- Performance of investments over a twelve-month period

• Volatility in the market

• Securities ratings

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Martin’s Point Generations Advantage, Inc.

NOTES TO FINANCIAL STATEMENTS

E. Dollar Repurchase Agreements and/or Security Lending Transactions

None.

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

None.

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing

None.

H. Repurchase Agreements Transactions Accounted for as a Sale

None.

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale

None.

J. Real Estate

None.

K. Low-Income Housing Tax Credits

None.

L. Restricted Assets

1.Restricted Assets (Including Pledged)

Restricted Asset Category	1 Total Gross (Admitted & Non-admitted) Restricted from Current Year	2 Total Gross (Admitted & Non-admitted) Restricted from Prior Year	3 Increase/ (Decrease) (1 minus 2)	4 Total Current Year Non-admitted Restricted	5 Total Current Year Admitted Restricted (1 minus 4)	6 Gross (Admitted & Non-admitted) Restricted to Total Assets (a)	7 Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown		0	0		0	0.000	0.000
b. Collateral held under security lending agreements		0	0		0	0.000	0.000
c. Subject to repurchase agreements		0	0		0	0.000	0.000
d. Subject to reverse repurchase agreements		0	0		0	0.000	0.000
e. Subject to dollar repurchase agreements		0	0		0	0.000	0.000
f. Subject to dollar reverse repurchase agreements		0	0		0	0.000	0.000
g. Placed under option contracts		0	0		0	0.000	0.000
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock		0	0		0	0.000	0.000
i. FHLB capital stock		0	0		0	0.000	0.000
j. On deposit with states	605,276	601,410	3,866		605,276	0.004	0.005
k. On deposit with other regulatory bodies		0	0		0	0.000	0.000
l. Pledged collateral to FHLB (including assets backing funding agreements)		0	0		0	0.000	0.000
m. Pledged as collateral not captured in other categories		0	0		0	0.000	0.000
n. Other restricted assets		0	0		0	0.000	0.000
o. Total Restricted Assets	605,276	601,410	3,866	0	605,276	0.004	0.005

(a) Column 1 divided by Asset Page, Column 1, Line 28

(b) Column 5 divided by Asset Page, Column 3, Line 28

2. Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contracts That Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate). None.
3. Detail of Other Restricted Assets (Contracts That Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate). None.
4. Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements. None.

M. Working Capital Finance Investments

None.

N. Offsetting and Netting of Assets and Liabilities

None.

O. Structured Notes

None.

P. 5GI Securities

None.

Q. Short Sales

None.

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Martin’s Point Generations Advantage, Inc.

NOTES TO FINANCIAL STATEMENTS

R. Prepayment Penalty and Acceleration Fees

	General Account
1. Number of CUSIPs	1
2. Aggregate Amount of Investment Income	350

6. Joint Ventures, Partnerships and Limited Liability Companies

- A. The Company has no investments in joint ventures, partnerships or limited liability companies.
- B. The Company has no impaired investments in joint ventures, partnerships or limited liability companies.

7. Investment Income

- A. Due and accrued investment income was excluded from surplus on the following basis: None.
- B. The Company did not accrue investment income that was non-admitted at December 31, 2018.

8. Derivative Instruments: None.

9. Income Taxes: The Company is not subject to Federal Income taxes.

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

A. Nature of the relationship involved

The Company is a wholly-owned subsidiary of Martin's Point Health Care, Inc. (MPHC).

B&C. Description of the transactions involved, and the dollar amounts of transactions

The Company has an arrangement with MPHC where it will pay MPHC's delivery system for covered services. The payments will consist of fee-for-service payments minus any applicable coinsurance, copayments, deductibles, and contractual adjustments. The Company paid MPHC \$4,625,639 and \$4,084,944 in 2018 and 2017, respectively.

The Company has incentive and risk sharing arrangements with MPHC with respect to members who receive primary care from providers employed by MPHC. Under these arrangements, the Company makes payments to MPHC as follows:

Cost of Care Risk Share Arrangement: The Company and MPHC accept joint responsibility for managing the cost of care for members who receive primary care through MPHC's delivery system. In recognition of this joint responsibility, the parties agree to participate in a cost of care risk share arrangement. The Company makes payments to MPHC when medical loss ratio results are less than targets. The Company receives payments from MPHC when medical loss ratio results are greater than targets. Under this arrangement, the Company paid MPHC \$150,000 and \$750,000 for 2018 and 2017, respectively.

Primary Care Payment Model: The Company and MPHC entered into a payment agreement whereby the Company agrees to make payments to MPHC based on performance of specified procedures. The Company paid MPHC \$516,326 and \$465,320 for 2018 and 2017, respectively.

Population Based Incentives: The Company and MPHC entered into a payment agreement whereby the Company agrees to make payments based on MPHC's performance against pre-determined quality metrics. The Company paid MPHC \$396,278 and \$345,534 for 2018 and 2017, respectively.

D. Amounts Due to or from Related Parties

At December 31, 2018, the Company reported a net of \$6,543,392 due to MPHC for amounts applicable to 2018. Payment to MPHC was settled in January 2019.

E. Guarantees or Contingencies for Related Parties

Effective November 23, 2015, MPHC, the Guarantor, and the Company, the Primary Obligor, entered into an Unconditional Financial Guaranty with the Maine Bureau of Insurance to secure the Superintendent's conditional approval and licensing of the Primary Obligor to enter into the insurance business in the State of Maine. The Guarantor absolutely and unconditionally guarantees to the Superintendent and the Superintendent's successors and assigns, that if the Primary Obligor at any time fails to maintain capital and surplus at a level no less that the greater of the product of its authorized control level risk-based capital and 3.0 or the minimum requirements for capital and surplus, the Guarantor shall automatically pay such sums or deposits to the Primary Obligor as are necessary to establish and maintain capital and surplus at a level no less that the greater of the product of its authorized control level risk-based capital and 3.0 or the minimum requirements for capital and surplus.

F. Management, Service Contracts, Cost Sharing Arrangements

The Company purchases certain marketing, administrative, managerial and other services required by the Company under a Management Services Agreement with MPHC. Management fees charged to the operations for the period ended December 31, 2018 and December 31, 2017 were \$16,200,893 and \$11,978,424, respectively.

G. Nature of Relationships that Could Affect Operations: None.

H. Amount Deducted for Investment in Upstream Company: None.

I. Detail of Investments in Affiliates Greater than 10% of Admitted Assets: None.

J. Write-down for Impairments of Investments in Subsidiary, Controlled or Affiliated Companies: None.

K. Investment in Foreign Insurance: None.

L. Investment in Downstream Noninsurance Holding Company: None.

M. All SCA Investments: None.

N. Investment in Insurance SCAs: None.

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Martin’s Point Generations Advantage, Inc.

**NOTES TO FINANCIAL STATEMENTS**

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O. **SCA Loss Tracking:** None.

**11. Debt**

- A. **Debt including Capital Notes:** None
- B. **FHLB (Federal Home Loan Bank) agreements:** None

**12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans:**

- A. **Defined Benefit Plan:** None.
- B. **Investment Policies and Strategies:** None.
- C. **Fair Value of Plan Assets:** None.
- D. **Basis used to determine the long-term rate-of-return:** None.
- E. **Defined Contribution Plans:** None.
- F. **Multiemployer Plans:** None.
- G. **Consolidated/Holding Company Plans:** None.
- H. **Postemployment Benefits and Compensated Absences:** None.
- I. **Impact of Medicare Modernization Act on Postretirement Benefits:** None.

**13. Capital and Surplus, Shareholders’ Dividend Restrictions and Quasi-Reorganization**

- A. The Company has no capital stock.
- B. The Company has no preferred stock.
- C. The Company has no dividend restrictions.
- D. The Company does not pay dividends.
- E. The portion of the entity’s profits that may be paid as ordinary dividends to stockholders is not applicable.
- F. The Company has no unassigned surplus funds.
- G. The Company has no advances to surplus.
- H. The Company has no shares of stock held for special purposes.
- I. The Company has no special surplus funds, changes in the balances of special purpose funds are not applicable.
- J. The Company has no surplus adjustments due to cumulative unrealized losses.
- K. The Company has not issued any surplus notes or debentures or similar obligations.
- L. The Company had no restatements due to prior quasi-reorganizations.
- M. The Company has not been involved in any quasi-reorganizations during the past 10 years.

**14. Liabilities, Contingencies and Assessments**

- A. **Contingent Commitments:** None.
- B. **Assessments**  
  
The Company is subject to a guaranty fund administered by the State of Maine in which it writes business. Guaranty fund assessments are accrued at the time of insolvencies. The Company is not currently aware of any impending solvency issues.
- C. **Gain Contingencies:** None.
- D. **Claims related Extra Contractual Obligations and Bad Faith Losses Stemming from Lawsuits:** None.
- E. **Joint and Several Liabilities:** None.
- F. **All Other Contingencies:** None.

**15. Leases**

- A. **Lessee Leasing Arrangements:** None.
- B. **Lessor Leasing Arrangements:** None.

**16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk:** None.

**17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities**

- A. **Transfers of receivables reported as Sales:** None.
- B. **Transfer and Servicing of Financial Assets:** None.
- C. **Wash Sales:** None.

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Martin’s Point Generations Advantage, Inc.

NOTES TO FINANCIAL STATEMENTS

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

- A. ASO Plans: None.
- B. ASC Plans: None.
- C. Medicare or Similarly Structured Cost Based Reimbursement Contract:

The Medicare Advantage prescription drug program is referred to as Part D. Settlement amounts relating to the Part D program are reported as amounts held in relation to uninsured plans as follows:

The Company reported \$1,663,469 as accounts receivable relating to uninsured plans as of December 31, 2018. The portion of this receivable related to the Coverage Gap Discount Program is non-admitted for Statutory purposes, as a result, the Company’s reported \$126,123 and \$240,645 as an admitted receivable for December 31, 2018 and December 31, 2017.

Low Income Cost Sharing (LICS) - \$126,123

Low-income members have some or the entire member cost share of their benefits paid for by CMS. A prospective payment rate is established during the bid process. Actual expenses are compared to the prospective amounts paid with reconciliation to or from CMS to settle the difference. With the benefit of additional Prescription Drug Event (PDE) data, the prospective payment did not fully cover the CMS LICS obligation.

Coverage Gap Discount Program - \$1,537,346

The Company reported amounts due from pharmaceutical manufacturers in connection with the coverage gap discount program of \$1,511,880 and \$25,466 for plan year 2018 and 2017 as accounts receivable related to uninsured plans. These amounts are non-admitted.

The Company reported a liability of \$5,571,645 for amounts held under uninsured plans as of December 31, 2018 and \$2,575,115 on December 31, 2017.

Federal Reinsurance - \$4,102,092

Through the Federal reinsurance program, CMS pays 80% of the costs members incur through their Part D benefit beyond the true out-of-pocket (TrOOP) threshold. During the annual bid process, a prospective amount is defined to represent the projected amount Federal Reinsurance will cover. With the close of the year, the prospective payment is reconciled with actual experience. Applicable expenses beyond the prospective reimbursement are accrued as a receivable and amounts below the prospective payable held as a liability.

Coverage Gap Payable - \$1,469,553

The Company reported amounts owed to CMS in connection with the coverage gap discount program of \$1,050,529 and \$419,023 for plan year 2018 and 2017 as a liability for amounts held under uninsured plans.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators: None.

20. Fair Value Measurements

- A.
- (1) Fair Value Measurements at Reporting Date

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a. Assets at fair value					
<b>Perpetual Preferred Stock</b> .....					
Industrial and Misc.....					
Parent, Subsidiaries and Affiliates .....					
<b>Total Perpetual Preferred Stocks</b> .....	0	0	0		0
<b>Bonds</b> .....					
US Governments .....	14,154,495	278,938			14,433,433
Industrial and Misc.....		27,951,532			27,951,532
Special Rev./Assess. Oblig .....		9,195,046			9,195,046
All Other Governments .....		560,626			560,626
Parents, Subsidiaries and Affiliates					
<b>Total Bonds</b> .....	14,154,495	37,986,142			52,140,637
<b>Common Stock</b> .....					
Industrial and Misc.....	15,565,297				15,565,297
Other.....					
<b>Total Common Stocks</b> .....	15,565,297				15,565,297
<b>Derivative Assets</b>					
Interest Rate Contracts .....					
Foreign Exchange Contracts.....					
Credit Contracts .....					
Commodity Futures Contracts .....					
Commodity Forward Contracts .....					
<b>Total Derivatives</b> .....	0	0	0		0
Total assets at fair value/NAV	29,719,792	37,986,142	0		67,705,934



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Martin’s Point Generations Advantage, Inc.

**NOTES TO FINANCIAL STATEMENTS**

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**21. Other Items**

- A. Unusual or Infrequent Items:** None.
- B. Troubled Debt Restructuring:** None.
- C. Other Disclosures:** None.
- D. Business Interruption Insurance Recoveries:** None.
- E. State Transferable and Non-transferable Tax Credits:** None.
- F. Subprime Mortgage Related Risk Exposure:** None.
- G. Retained Assets:** None.
- H. Insurance-Linked Securities (ILS) Contracts:** None.

**22. Events Subsequent:**

**Type I - Recognized Subsequent Events:**

Subsequent events have been considered through February 25, 2019 for the statutory statements issued on February 27, 2019.

**Type II – Non-recognized Subsequent Events:** None.

**23. Reinsurance**

**A. Ceded Reinsurance Report**

**Section 1 - General Interrogatories**

- 1. Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the Company or by any representative, officer, trustee, or director of the Company?  
  
Yes ( ) No (X)
- 2. Have any policies issued by the Company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business?  
  
Yes ( ) No (X)

**Section 2 - Ceded Reinsurance Report - Part A**

- 1. Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credit?  
  
Yes ( ) No (X)
- 2. Does the Company have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?  
  
Yes ( ) No (X)

**Section 3 - Ceded Reinsurance Report - Part B**

- 1. What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement?  
  
None.
- 2. Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the Company as of the effective date of the agreement?  
  
Yes ( ) No (X)

- B. Uncollectible Reinsurance:** None.
- C. Commutation of Ceded Reinsurance:** None.
- D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation:** None.

**24. Retrospectively Rated Contracts & Contracts Subject to Redetermination**

- A. Method used to estimate accrued retrospective premium advances.** None.
- B. Disclosure of accrued retrospective premiums.** None.
- C. Disclosure of the amount of net premiums written.** None.
- D. Disclosure of the amounts for medical loss ratio rebates required.** None.
- E. Risk-sharing provisions of the Affordable Care Act.** None.

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Martin’s Point Generations Advantage, Inc.

NOTES TO FINANCIAL STATEMENTS

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25. Change in Incurred Claims and Claims Adjustment Expenses

- A. Reserves as of December 31, 2017 were \$36,771,538. As of December 31, 2018, \$29,516,367 has been paid for incurred claims and claim adjustment expenses attributable to insured events of the prior year. Reserves remaining for prior years are \$5,031 as a result of re-estimation of unpaid claims and claim adjustment expenses. After consideration of \$4,273,837 of redundancy at December 31, 2017, there has been \$2,976,305 favorable prior-year development since December 31, 2017. The favorable development is generally the result of ongoing analysis of recent loss development trends. Estimates are increased or decreased as additional information becomes known regarding individual claims.
- B. Significant changes in methodologies and assumptions used in calculating the liability: None.

26. Intercompany Pooling Arrangements: None.

27. Structured Settlements: None.

28. Health Care Receivables

- A. Pharmaceutical Rebate Receivables: The Company records Pharmaceutical Rebates Receivables as non-admitted assets.
- B. Risk Sharing Receivables: The Company participates in risk sharing arrangements with area health care provider systems. In determining appropriate receivables or liabilities for these arrangements, the valuation process reflects actual experience during the performance period for each contract. Where actual experience is not yet complete, experienced actuarial modeling and judgement, consistent with the Company’s methods employed for IBNP and Accrued Retrospective Premiums, are applied to reflect the most likely performance of each risk sharing contract. Reserves are applied to estimated risk sharing receivables as provisions for actual experience.

Estimated balance of risk sharing receivables as reported on the prior year financial statements for evaluation periods ending in the current year: 0

Estimated balance of risk sharing receivables as reported on the current year financial statements for evaluation periods ending in the current year and the following year: \$350,000

Risk sharing receivables billed as determined after the annual evaluation period: None.

Risk sharing receivables not yet billed: \$350,000

Amounts received from providers as payments under risk sharing contracts: None.

29. Participating Policies: None.

30. Premium Deficiency Reserves:

- |  |                  |
|--|------------------|
| 1. Liability carried for premium deficiency reserves             | \$0              |
| 2. Date of the most recent evaluation of this liability          | 2/11/2019        |
| 3. Was anticipated investment income utilized in the calculation | Yes ( ) No ( X ) |

31. Anticipated Salvage and Subrogation: The Company does not take into account an estimate of anticipated salvage or subrogation in its determination of its liability for unpaid claims.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES  
GENERAL

1.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?  
If yes, complete Schedule Y, Parts 1, 1A and 2

Yes ☒ No ☐

1.2

If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

Yes ☒ No ☐ N/A ☐

1.3

State Regulating?

Maine

1.4

Is the reporting entity publicly traded or a member of a publicly traded group?

Yes ☐ No ☒

1.5

If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes ☐ No ☒

2.2

If yes, date of change:

3.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2014

3.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2014

3.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

06/29/2016

3.4

By what department or departments?  
Bureau of Insurance of the State of Maine

3.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes ☐ No ☐ N/A ☒

3.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes ☒ No ☐ N/A ☐

4.1

During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.11 sales of new business?  
4.12 renewals?

Yes ☐ No ☒  
Yes ☐ No ☒

4.2

During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.21 sales of new business?  
4.22 renewals?

Yes ☐ No ☒  
Yes ☐ No ☒

5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?  
If yes, complete and file the merger history data file with the NAIC.

Yes ☐ No ☒

5.2

If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

6.1

Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes ☐ No ☒

6.2

If yes, give full information:

7.1

Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes ☐ No ☒

7.2

If yes,  
7.21 State the percentage of foreign control;  
7.22 State the nationality(s) of the foreign person(s) or entity(s) or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact; and identify the type of entity(s) (e.g., individual, corporation or government, manager or attorney in fact).

%

1 Nationality	2 Type of Entity

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Martin's Point Generations Advantage, Inc.

GENERAL INTERROGATORIES

8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes [ ] No [ X ]

8.2

If response to 8.1 is yes, please identify the name of the bank holding company.

8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes [ ] No [ X ]

8.4

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC

9.

What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?

Baker, Newman & Noyes  
280 Fore Street  
Portland, ME 04112-0507

10.1

Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?

Yes [ ] No [ X ]

10.2

If the response to 10.1 is yes, provide information related to this exemption:

10.3

Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?

Yes [ ] No [ X ]

10.4

If the response to 10.3 is yes, provide information related to this exemption:

10.5

Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?

Yes [ X ] No [ ] N/A [ ]

10.6

If the response to 10.5 is no or n/a, please explain

11.

What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?

Daniel Quinn, Senior Actuary, Martin's Point Health Care, Inc.  
331 Veranda Street  
Portland, ME 04104

12.1

Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?

Yes [ ] No [ X ]

12.11

Name of real estate holding company

12.12

Number of parcels involved

12.13

Total book/adjusted carrying value

\$

12.2

If, yes provide explanation:

13.

FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1

What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2

Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?

Yes [ ] No [ ]

13.3

Have there been any changes made to any of the trust indentures during the year?

Yes [ ] No [ ]

13.4

If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?

Yes [ ] No [ ] N/A [ X ]

14.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

Yes [ X ] No [ ]

(a)

Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

(b)

Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

(c)

Compliance with applicable governmental laws, rules and regulations;

(d)

The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

(e)

Accountability for adherence to the code.

14.11

If the response to 14.1 is No, please explain:

14.2

Has the code of ethics for senior managers been amended?

Yes [ ] No [ X ]

14.21

If the response to 14.2 is yes, provide information related to amendment(s).

14.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [ ] No [ X ]

14.31

If the response to 14.3 is yes, provide the nature of any waiver(s).

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Martin's Point Generations Advantage, Inc.

GENERAL INTERROGATORIES

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [ ] No [ X ]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2  Issuing or Confirming Bank Name	3  Circumstances That Can Trigger the Letter of Credit	4  Amount

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [ X ] No [ ]
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [ X ] No [ ]
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict with the official duties of such person? Yes [ X ] No [ ]

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [ ] No [ X ]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers\$

20.12 To stockholders not officers\$

20.13 Trustees, supreme or grand (Fraternal Only)\$
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers\$

20.22 To stockholders not officers\$

20.23 Trustees, supreme or grand (Fraternal Only)\$
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [ ] No [ X ]
- 21.2 If yes, state the amount thereof at December 31 of the current year:

21.21 Rented from others\$

21.22 Borrowed from others\$

21.23 Leased from others\$

21.24 Other\$
- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes [ ] No [ X ]
- 22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment\$

22.22 Amount paid as expenses\$

22.23 Other amounts paid\$
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [ ] No [ X ]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:\$

INVESTMENT

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) Yes [ ] No [ X ]
- 24.02 If no, give full and complete information relating thereto  
They are held under a Custody Agreement with US Bank NA as noted in 28.01 below.
- 24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
- 24.04 Does the Company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [ ] No [ ] N/A [ X ]
- 24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs.\$
- 24.06 If answer to 24.04 is no, report amount of collateral for other programs.\$
- 24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [ ] No [ ] N/A [ X ]
- 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [ ] No [ ] N/A [ X ]
- 24.09 Does the reporting entity or the reporting entity 's securities lending agent utilize the Master Securities lending Agreement (MSLA) to conduct securities lending? Yes [ ] No [ ] N/A [ X ]

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Martin's Point Generations Advantage, Inc.

GENERAL INTERROGATORIES

24.10 For the reporting entity's security lending program state the amount of the following as December 31 of the current year:

24.101	Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.	\$	0
24.102	Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.	\$	0
24.103	Total payable for securities lending reported on the liability page.	\$	0

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03).

Yes ☒ No ☐

25.2	If yes, state the amount thereof at December 31 of the current year:	25.21 Subject to repurchase agreements	\$	
		25.22 Subject to reverse repurchase agreements	\$	
		25.23 Subject to dollar repurchase agreements	\$	
		25.24 Subject to reverse dollar repurchase agreements	\$	
		25.25 Placed under option agreements	\$	
		25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock	\$	
		25.27 FHLB Capital Stock	\$	
		25.28 On deposit with states	\$	605,276
		25.29 On deposit with other regulatory bodies	\$	
		25.30 Pledged as collateral - excluding collateral pledged to an FHLB	\$	
		25.31 Pledged as collateral to FHLB - including assets backing funding agreements	\$	
		25.32 Other	\$	

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB?

Yes ☐ No ☒

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

Yes ☐ No ☐ N/A ☒

If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?

Yes ☐ No ☒

27.2 If yes, state the amount thereof at December 31 of the current year.

\$

28. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes ☒ No ☐

28.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
US Bank N. A.	50 S 16th St 20th Fl, Philadelphia, PA 19102

28.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?

Yes ☐ No ☒

28.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Martin's Point Generations Advantage, Inc.

GENERAL INTERROGATORIES

28.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1	2
Name of Firm or Individual	Affiliation
Asset Allocation and Management Co. LLC .....	U.....
.....	.....

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets?..... Yes [ X ] No [ ]

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's assets?..... Yes [ ] No [ X ]

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed
109875 .....	Asset Allocation and Management Co. LLC .....	None .....	SEC .....	DS.....
.....	.....	.....	.....	.....

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])? ..... Yes [ ] No [ X ]

29.2 If yes, complete the following schedule:

1	2	3
CUSIP #	Name of Mutual Fund	Book/Adjusted Carrying Value
29.2999 - Total		0

29.3 For each mutual fund listed in the table above, complete the following schedule:

1	2	3	4
		Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	Date of Valuation
Name of Mutual Fund (from above table)	Name of Significant Holding of the Mutual Fund		
.....	.....	.....	.....

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds .....	52,748,629	52,140,637	(607,992)
30.2 Preferred stocks .....	0		0
30.3 Totals	52,748,629	52,140,637	(607,992)

30.4 Describe the sources or methods utilized in determining the fair values:  
Bonds, with the exception of Money Market Funds, are priced by S&P. Money Market Funds are at par value. ....

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? ..... Yes [ ] No [ X ]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? ..... Yes [ ] No [ ]

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:  
.....

32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? ..... Yes [ X ] No [ ]

32.2 If no, list exceptions:  
.....

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Martin's Point Generations Advantage, Inc.

GENERAL INTERROGATORIES

33.

By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:

a.

Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.

b.

Issuer or obligor is current on all contracted interest and principal payments.

c.

The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities? 

Yes ☐

No ☒
34.

By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

a.

The security was purchased prior to January 1, 2018.

b.

The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.

c.

The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.

d.

The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities? 

Yes ☐

No ☒
- OTHER
- 35.1

Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?

\$ 27,124
- 35.2

List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.
- | 1<br>Name                          | 2<br>Amount Paid |
|------------------------------------|------------------|
| Alliance of Community Health Plans | 19,228           |
- 36.1

Amount of payments for legal expenses, if any?

\$ 47,869
- 36.2

List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.
- | 1<br>Name         | 2<br>Amount Paid |
|-------------------|------------------|
| Pierce Atwood LLP | 27,871           |
- 37.1

Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any?

\$
- 37.2

List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.
- | 1<br>Name | 2<br>Amount Paid |
|-----------|------------------|
|           |                  |
- 27.5



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Martin's Point Generations Advantage, Inc.

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1.1

Does the reporting entity have any direct Medicare Supplement Insurance in force?

Yes ☐ No ☒

1.2

If yes, indicate premium earned on U.S. business only.

\$

1.3

What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?

\$

1.31

Reason for excluding

1.4

Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above

\$

1.5

Indicate total incurred claims on all Medicare Supplement Insurance.

\$0

1.6

Individual policies:

Most current three years:

1.61

Total premium earned

\$0

1.62

Total incurred claims

\$0

1.63

Number of covered lives

0

All years prior to most current three years:

1.64

Total premium earned

\$0

1.65

Total incurred claims

\$0

1.66

Number of covered lives

0

1.7

Group policies:

Most current three years:

1.71

Total premium earned

\$0

1.72

Total incurred claims

\$0

1.73

Number of covered lives

0

All years prior to most current three years:

1.74

Total premium earned

\$0

1.75

Total incurred claims

\$0

1.76

Number of covered lives

0

2.

Health Test:

1

Current Year

2

Prior Year

2.1

Premium Numerator

400,639,765

390,687,185

2.2

Premium Denominator

400,639,765

390,687,185

2.3

Premium Ratio (2.1/2.2)

1.000

1.000

2.4

Reserve Numerator

40,582,050

38,474,033

2.5

Reserve Denominator

40,582,050

38,474,033

2.6

Reserve Ratio (2.4/2.5)

1.000

1.000

3.1

Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?

Yes ☐ No ☒

3.2

If yes, give particulars:

4.1

Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?

Yes ☒ No ☐

4.2

If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?

Yes ☐ No ☒

5.1

Does the reporting entity have stop-loss reinsurance?

Yes ☐ No ☒

5.2

If no, explain:  
The Company self insures.

5.3

Maximum retained risk (see instructions)

5.31

Comprehensive Medical

\$

5.32

Medical Only

\$

5.33

Medicare Supplement

\$

5.34

Dental & Vision

\$

5.35

Other Limited Benefit Plan

\$

5.36

Other

\$

6.

Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:

7.1

Does the reporting entity set up its claim liability for provider services on a service date basis?

Yes ☒ No ☐

7.2

If no, give details

8.

Provide the following information regarding participating providers:

8.1

Number of providers at start of reporting year

16,124

8.2

Number of providers at end of reporting year

17,514

9.1

Does the reporting entity have business subject to premium rate guarantees?

Yes ☐ No ☒

9.2

If yes, direct premium earned:

9.21

Business with rate guarantees between 15-36 months

\$

9.22

Business with rate guarantees over 36 months

\$

28

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Martin's Point Generations Advantage, Inc.

GENERAL INTERROGATORIES

- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? ..... Yes [ X ] No [ ]
- 10.2 If yes:

10.21 Maximum amount payable bonuses.....\$ .....10,541,076

10.22 Amount actually paid for year bonuses.....\$ .....4,854,332

10.23 Maximum amount payable withholds.....\$ .....

10.24 Amount actually paid for year withholds.....\$ .....
- 11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model, ..... Yes [ ] No [ X ]

11.13 An Individual Practice Association (IPA), or, . Yes [ ] No [ X ]

11.14 A Mixed Model (combination of above)? ..... Yes [ X ] No [ ]
- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? ..... Yes [ X ] No [ ]
- 11.3 If yes, show the name of the state requiring such minimum capital and surplus. .... Maine and New Hampshire
- 11.4 If yes, show the amount required. ....\$ .....43,431,006
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? ..... Yes [ ] No [ X ]
- 11.6 If the amount is calculated, show the calculation  
The Statutory Minimum Capital and Surplus is calculated as 3 times the Authorized Control Level as defined by Risk Based Capital.
12. List service areas in which reporting entity is licensed to operate:

1
Name of Service Area
State of Maine .....
State of New Hampshire .....
.....

- 13.1 Do you act as a custodian for health savings accounts? ..... Yes [ ] No [ X ]
- 13.2 If yes, please provide the amount of custodial funds held as of the reporting date. .... \$ .....
- 13.3 Do you act as an administrator for health savings accounts? ..... Yes [ ] No [ X ]
- 13.4 If yes, please provide the balance of funds administered as of the reporting date. .... \$ .....
- 14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? ..... Yes [ ] No [ ] N/A [ X ]
- 14.2 If the answer to 14.1 is yes, please provide the following:

1	2	3	4	Assets Supporting Reserve Credit		
				5	6	7
Company Name	NAIC Company Code	Domiciliary Jurisdiction	Reserve Credit	Letters of Credit	Trust Agreements	Other
.....	.....	.....	.....	.....	.....	.....

15. Provide the following for individual ordinary life insurance\* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):

15.1 Direct Premium Written .....\$ .....

15.2 Total Incurred Claims .....\$ .....

15.3 Number of Covered Lives .....

*Ordinary Life Insurance Includes
Term(whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary gurarantee)
Universal Life (with or without secondary gurarantee)
Variable Universal Life (with or without secondary gurarantee)

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? ..... Yes [ X ] No [ ]
- 16.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? ..... Yes [ ] No [ ]

FIVE-YEAR HISTORICAL DATA

	1 2018	2 2017	3 2016	4 2015	5 2014
<b>Balance Sheet</b> (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28) .....	120,737,731	99,868,419	88,442,126	73,625,447	62,838,375
2. Total liabilities (Page 3, Line 24) .....	54,049,558	42,948,190	45,163,985	36,760,638	28,321,155
3. Statutory minimum capital and surplus requirement .....	43,431,006	41,874,000	38,079,288	33,818,718	27,979,713
4. Total capital and surplus (Page 3, Line 33) .....	66,688,173	56,920,229	43,278,141	36,864,809	34,517,221
<b>Income Statement</b> (Page 4)					
5. Total revenues (Line 8) .....	401,256,396	391,032,646	329,279,875	275,129,040	231,553,922
6. Total medical and hospital expenses (Line 18) .....	346,623,451	340,781,696	308,156,351	273,460,213	224,428,110
7. Claims adjustment expenses (Line 20) .....	12,245,917	11,873,339	9,611,311	7,007,473	5,467,424
8. Total administrative expenses (Line 21) .....	28,009,118	27,900,801	25,334,705	22,303,846	19,799,147
9. Net underwriting gain (loss) (Line 24) .....	14,377,910	10,476,810	(13,822,492)	(27,642,492)	(18,140,759)
10. Net investment gain (loss) (Line 27) .....	1,312,961	1,013,466	630,399	365,049	135,765
11. Total other income (Lines 28 plus 29) .....	0	0	0	0	0
12. Net income or (loss) (Line 32) .....	15,690,871	11,490,276	(13,192,093)	(27,277,443)	(18,004,994)
<b>Cash Flow</b> (Page 6)					
13. Net cash from operations (Line 11) .....	12,828,756	10,166,451	(15,911,397)	(27,975,655)	(24,179,991)
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital .....	66,688,173	56,920,228	43,278,141	36,864,809	34,517,221
15. Authorized control level risk-based capital .....	14,477,002	13,958,000	12,693,096	11,272,906	9,326,571
<b>Enrollment</b> (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7) .....	45,370	42,475	40,096	36,102	31,526
17. Total members months (Column 6, Line 7) .....	533,477	499,101	460,820	410,450	360,916
<b>Operating Percentage</b> (Page 4) (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5) .....	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19) .....	86.5	87.2	93.6	99.4	96.9
20. Cost containment expenses .....	1.8	1.6	1.4	0.8	0.9
21. Other claims adjustment expenses .....	1.2	1.5	1.6	1.7	1.4
22. Total underwriting deductions (Line 23) .....	96.6	97.4	104.2	110.0	107.8
23. Total underwriting gain (loss) (Line 24) .....	3.6	2.7	(4.2)	(10.0)	(7.8)
<b>Unpaid Claims Analysis</b> (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5) .....	30,037,028	27,066,488	25,455,027	21,272,915	16,180,032
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)] .....	38,039,506	35,214,326	31,799,795	24,437,861	20,640,328
<b>Investments In Parent, Subsidiaries and Affiliates</b>					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1) .....			0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1) .....			0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1) .....			0	0	0
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10) .....	0	0	0	0	0
30. Affiliated mortgage loans on real estate .....					
31. All other affiliated .....					
32. Total of above Lines 26 to 31 .....	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above.					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? ..... Yes [       ] No [       ]  
If no, please explain: .....

SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

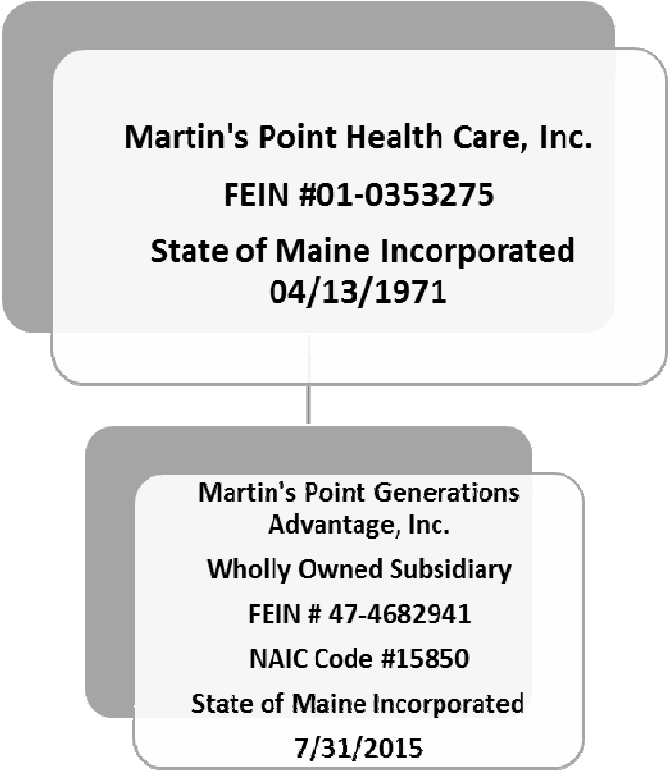
Allocated by States and Territories										
		1	Direct Business Only							
			2	3	4	5	6	7	8	9
States, etc.		Active Status (a)	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1.	Alabama .....	AL	N						0	
2.	Alaska .....	AK	N						0	
3.	Arizona .....	AZ	N						0	
4.	Arkansas .....	AR	N						0	
5.	California .....	CA	N						0	
6.	Colorado .....	CO	N						0	
7.	Connecticut .....	CT	N						0	
8.	Delaware .....	DE	N						0	
9.	District of Columbia .....	DC	N						0	
10.	Florida .....	FL	N						0	
11.	Georgia .....	GA	N						0	
12.	Hawaii .....	HI	N						0	
13.	Idaho .....	ID	N						0	
14.	Illinois .....	IL	N						0	
15.	Indiana .....	IN	N						0	
16.	Iowa .....	IA	N						0	
17.	Kansas .....	KS	N						0	
18.	Kentucky .....	KY	N						0	
19.	Louisiana .....	LA	N						0	
20.	Maine .....	ME	L	389,856,397					389,856,397	
21.	Maryland .....	MD	N						0	
22.	Massachusetts .....	MA	N						0	
23.	Michigan .....	MI	N						0	
24.	Minnesota .....	MN	N						0	
25.	Mississippi .....	MS	N						0	
26.	Missouri .....	MO	N						0	
27.	Montana .....	MT	N						0	
28.	Nebraska .....	NE	N						0	
29.	Nevada .....	NV	N						0	
30.	New Hampshire .....	NH	L	10,783,368					10,783,368	
31.	New Jersey .....	NJ	N						0	
32.	New Mexico .....	NM	N						0	
33.	New York .....	NY	N						0	
34.	North Carolina .....	NC	N						0	
35.	North Dakota .....	ND	N						0	
36.	Ohio .....	OH	N						0	
37.	Oklahoma .....	OK	N						0	
38.	Oregon .....	OR	N						0	
39.	Pennsylvania .....	PA	N						0	
40.	Rhode Island .....	RI	N						0	
41.	South Carolina .....	SC	N						0	
42.	South Dakota .....	SD	N						0	
43.	Tennessee .....	TN	N						0	
44.	Texas .....	TX	N						0	
45.	Utah .....	UT	N						0	
46.	Vermont .....	VT	N						0	
47.	Virginia .....	VA	N						0	
48.	Washington .....	WA	N						0	
49.	West Virginia .....	WV	N						0	
50.	Wisconsin .....	WI	N						0	
51.	Wyoming .....	WY	N						0	
52.	American Samoa .....	AS	N						0	
53.	Guam .....	GU	N						0	
54.	Puerto Rico .....	PR	N						0	
55.	U.S. Virgin Islands .....	VI	N						0	
56.	Northern Mariana Islands .....	MP	N						0	
57.	Canada .....	CAN	N						0	
58.	Aggregate other alien .....	OT	XXX	0	0	0	0	0	0	0
59.	Subtotal .....	XXX	0	400,639,765	0	0	0	0	400,639,765	0
60.	Reporting entity contributions for Employee Benefit Plans .....	XXX							0	
61.	Total (Direct Business) .....	XXX	0	400,639,765	0	0	0	0	400,639,765	0
DETAILS OF WRITE-INS										
58001.	.....	XXX								
58002.	.....	XXX								
58003.	.....	XXX								
58998.	Summary of remaining write-ins for Line 58 from overflow page .....	XXX	0	0	0	0	0	0	0	0
58999.	Totals (Lines 58001 through 58003 plus 58998)(Line 58 above) .....	XXX	0	0	0	0	0	0	0	0

(a) Active Status Counts:  
L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....2 R - Registered - Non-domiciled RRGs.....0  
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state.....0 Q - Qualified - Qualified or accredited reinsurer.....0  
N - None of the above - Not allowed to write business in the state.....55

(b) Explanation of basis of allocation by states, premiums by state, etc.

**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**

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**OVERFLOW PAGE FOR WRITE-INS**

**NONE**

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